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## BIB DATA SHEET

CONFIRMATION NO. 2770

<b>SERIAL NUMBER</b> 10/595,556	<b>FILING or 371(c) DATE</b> 04/27/2006 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> NISSL	
<b>APPLICANTS</b> Thomas Nissl, Garstedt, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE04/02253 10/11/2004 /KMD/ <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 52 874.1 11/10/2003 /KMD/ <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/19/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KATHERINE MARIE DOWE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> HENRY M FEIEREISEN, LLC HENRY M FEIEREISEN 708 THIRD AVENUE SUITE 1501 NEW YORK, NY 10017 UNITED STATES					
<b>TITLE</b> Stent					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		